PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

76319

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	#395	OR	BASIC FEE	~~~
TOTAL CHARGEABLE CLAIMS			10 minus 20= *		*			X\$25'≡		OR		
INDEPENDENT CLAIMS			minus 3 = *					YE	÷	OR	×200	
М	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	· · · ·			3.1	+/86	<del></del>	OR	+360=	
* [1	f the difference	in column 1 is	less than zero, enter "0" in colun			olumn 2	• !	TOTAL			TOTAL	
•	C	LAIMS AS A	MENDED - PART II								OTHER	
_		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				×\$\$=		OŔ	X\$ <b>%</b> =	
	Independent	*	Minus	***				760 × <del>42</del> =		OR	×340	
	FIRST PRESE	ENTATION OF MI	JLTIPLE DEI	PENDENT CLAIM.				180 + <del>140</del> =			360 +280-	
								TOTAL		OR	TOTAL	
		Children 40		10-1		/O-11 O		ADDIT FEE		OR	ADDIT: FEE	
		(Column 1) CLAIMS		Colur HIGH	EST.	(Column 3)	<b>1</b> r		ADDI			ADDI-
AMENDMENT B		RÉMÁINING AFTER		NUM PREVIO	DUSLY	PRESENT EXTRA	13	SHATE	TIONAL		RATE	TIONAL
	Total	AMENDMENT		PAID	FOR A			25	(FEE		X	FEE
	Independent		Minus :	350.0				×\$P		ØΑ.	A STATE OF THE STA	
A	A STATE OF THE STA	NTATION OF MI	Market Street	ENDENT	CLAIM			142		ÓЯ	<b>100</b>	
		4-36					J	44		ÓЯ	362	
								LATOTAL		ОR	YATOTAL	
		(Column 1)		(Gölür	nn(2)	(Column 3)		ODIT, FEE			ADDIT FEE	
ပ		CLAIMS REMAINING		HIGH NUM	EST :		<b>l</b> r		ADDI			ADDI-
Z		AFTER AMENDMENT		PREVIO	DUSLY :	PRESENT EXTRA			TIONAL		PATEL	TIONAL
AMENDMENTC	Total	AMENDIVENT	Minus	PAID	ron A			:25	FEE:			FEE
EN	Independent		Minus *					×\$ <b>%</b> = -		ØR.	2 <i>0</i> 0	
¥	etalen and and market	NTATION OF MU	<b>《新典》</b>	ENDENT	CLAIM			×420		ÓΠ	X <b>0</b> 3	
								-180 +140		OR.	3 <b>⊘</b> ± <del>200</del> ≡	
44	if the entry in colu	mn 1 ls less than th mber Previously Pa	ie entry in colu	mn 2, write	0" in col	uma 3		TOTAL	STATE VIOLENCE STATE OF	OR	aw IOIAL	radionia Ny faritr'i
**	'If the "Highest Nu	mber Previously Pa nber Previously Pa iber Previously Pal	ald For" IN THI	SISPACE	s less than	1 3. enter "3."		ODIT FEEL	ALBANIST CANADA		ADDIT FEE lumn 1.	